



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Bland Bryant Building • Spring Grove Center
55 Wade Avenue • Catonsville, Maryland 21228

TO: ALL NURSING HOMES PARTICIPATING IN THE MEDICARE-MEDICAID PROGRAMS

FROM: CAROL BENNER, DIRECTOR LICENSING AND CERTIFICATION ADMINISTRATION

SUBJECT: RAI/MDS ELECTRONIC TRANSMITTAL

DATE: 1/20/98

The RAI Transmittal Regulation 42 CFR Part 483 [HCFA-2180-F] was published in the the Federal Register on December 23, 1997. This regulation will be implemented on June 23, 1998. The required deadline date, for each Medicare/Medicaid participating facility, to have successfully transmitted the MDS and RAP Summary to Licensing and Certification Administration will be June 22, 1998.

The most current version of the MDS 2.0, 10/18/94H is attached. A new code has been added to the following sections: Section AA IDENTIFICATION INFORMATION #8, new code 10. Significant change of prior quarterly assessment and, Section A IDENTIFICATION AND BACKGROUND INFORMATION #8, new code 10. Please note this change. This encoding information will be required for electronic transmission of the RAI/MDS. Failure to encode the transmission correctly will result in a critical error and the file transmission will be rejected. Additionally, facilities will be required to transmit the DISCHARGE TRACKING FORM and, the REENTRY TRACKING FORM. The specifications for transmission of these forms have been included in the information provided to your software vendor through HCFA. Maryland will continue to require the two page Quarterly Assessment.

Inquiries have been received in regard to Maryland having a Section S for inclusion in the transmittal. As of this date, Maryland has not been approved for a Section S and, it is not planned for in the foreseeable future.

An Errata Sheet For MDS 2.0 Assessment Form information has also been attached. Please note and make the appropriate changes in your RAI Users Manual, in Appendix B, and C RAP Protocols.

If you or your staff have any questions in regard to the RAI/MDS transmission project please contact Lynne Condon or Chris Triplett at 410-764-2770.

Attachment
CB/Ijc
NH 98-001

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258
Web Site: www.dhmf.state.md.us

ERRATA SHEET FOR MDS 2.0 ASSESSMENT FORM

Appendix B

Page B-2: Section AA. 8:.

Section AA.8a4: Should read, **Significant correction of prior full assessment.**

Section AA.8: Add a code 10 after code 5. - 10. Significant correction of prior Quarterly assessment.

Page B-4: Section A.8: Box should be double instead of single.

Section A.8.a.4: Should read **Significant correction of prior full assessment.**

Section A.8: Add a code 10. after code 5.

10. Significant correction of prior quarterly assessment.

Page B-5: Section E.3. Typing error in the spelling of '*less then*'. Should be less **than**.

Page B-7: Section J.5.b. Typing error in '*chronic-problem*'. There should be no hyphen between "**chronic problem**".

Page B-9: Section T2, second dot point: Change "(T-2.b.)" to "**(T.I.b.)**".

Page B-12: Quarterly Assessment Section I3: Typing error in the spelling of "moodr". **Remove the r.**

Page B-16: Discharge Tracking Form Section AA.8: Code box should have double columns instead of a single box.

Page B-16: Discharge Tracking Form Section' R.3. Delete "**Skip if not discharged**".

Page B-17: Reentry Tracking Form Section AA.8: Code box should have double columns instead of a single box.

ERRATA SHEET FOR MDS 2.0 ASSESSMENT FORM

Appendix B

PAGE	LOCATION	OLD FORMAT:	CHANGE TO:
B-2	Section AA. 8	Single code box	Double column code box
B-2	Section AA. 8a Code 4	Significant correction of prior assessment	Significant correction of prior full assessment
B-2	Section AA. 8	Had no Code 10	Add a Code 10. Significant correction of prior quarterly assessment.
B-4	Section A. 8	Single code box	Double column code box.
B-4	Section A.8a Code 4	Significant correction of prior assessment	Significant correction of prior full assessment
B-4	Section A.8	Had no Code 10	After code 5, add a Code 10. Significant correction of prior quarterly assessment.
B-5	Section E.3	Spelling error of the word, then	than
B-7	Section J.5.b.	Spelling error in chronic-problem	Do not hyphenate chronic problem
B-9	Section T2	Second dot point: 0 (T. 2. b)	Second dot point: a (T. I. b.)
B-12	Section I3	Spelling error of the word moodr	mood
B-16	Section AA.8	Single code box	Double column code box
B-16	Section R.3	Skip if not discharged	Delete the words, Skip if not discharged
B-17	Section AA.8	Single code box	Double column code box

ERRATA SHEET FOR USER'S MANUAL

Page 1-7: Remove END box between Sections AC and AD.

Page 3-98: In the example box of 'Example of Function Limitation': Column (A) Limitation in Range of Motion, a. Neck, change coding from I to 2.

Page 3-169: In the section Process: For Item IB Fourth line down, change 'If not, skip to item 3' to If not, skip to item 2.' Last line in same paragraph, change "skip to item 3' to "skip to item 2."

Page 3-169 In example box, Example of Ordered Therapies: Eighth line down: After 8 days of physical therapy: Change "(240 minutes)" to "(480 minutes)".

*In last line of first paragraph, change "...a total of 480 minutes" **"to 720 minutes"**.*

*In first sentence of second paragraph, change 'Enter '8' in 2.c' to **"Enter '8" in 1.c"**.*

*In last sentence of second paragraph, change "Enter '480' in 2. d to **"Enter 720 in***

Page 3-170 In example box, Example of Ordered Therapies (continued): Second paragraph, change "Enter "6" in 2.c" to 1.c".

*In the last paragraph, change "Enter "360" in 2.d' to **"1.d"**.*

Page 3-171 In the box, 3rd dot point, change "(T.2.b)" to **"(T.1.b)".**

Page 3-177 Second line of last paragraph in process section, change "section R.5" to **"R.2".**

Page 4-26 In the completed MDS 2. 0 Form, Section A3. Date should read **09-01-1995.**

ERRATA SHEET FOR USER'S MANUAL

PAGE	LOCATION	OLD FORMAT:	CHANGE TO:
1-7	Between Section AC and Section AD	The box that says END	Delete the box END
3-98		In Example box of Functional Limitation Column (A), a. Neck, coded as 1	Change coding to 2
3-169		In Example box of Ordered Therapies, first paragraph, second from last line (240 minutes)	(480 minutes)
3-169		In Example box of Ordered Therapies, first paragraph, last line 480 minutes	720 minutes
3-169		In Example box of Ordered Therapies. second paragraph, Enter '8' in 2.c	Enter '8' in I.c
3-170		In Example box of Ordered Therapies (contin-ued), second paragraph, Enter '6' in 2.c	Enter '6" in I.c
3-171		In the box, 3rd dot point (T.2.b)	(T. I.b)
3-177		Process Section, last paragraph (which is 3rd from the bottom of the page), second line: R.5	R.2
4-26	Section A3	Date 09-06-1995	09-01-95

Appendix C- Resident Assessment Protocols (RAP)

Page C-19: Communication RAP: Section 11. TRIGGERS: Delete after second dot point. Insert "*" after the third dot point.

Page C-58: Nutritional Status RAP: Section II. TRIGGERS: Second dot point should read: **Complains about taste of many foods. Delete the words, "Taste alternations".**

Page C-68: Dehydration/Fluid Maintenance RAP: Section III. GUIDELINES. In reference to the dot points that follow *Moderate/severely impaired decision-making ability*, the fifth dot point should be moved to follow *Comprehension/Communication problems* as the only dot point.

Page C-76: Pressure Ulcers RAP: Section II. TRIGGERS, delete '(risk)' from the end of first sentence. Also delete the word "pressure" from the 6th dot point.

Page C-79: Psychotropic Drug Use RAP: Section II. TRIGGERS. Delete the words "PSYCHOTROPIC TRIGGER A".

Page C-84: Psychotropic Drug Use RAP: In the paragraph beginning *Acute confusion/delirium*:

Combine the first and second paragraph.

Appendix C- Resident Assessment Protocols (RAP)

PAGE	LOCATION	OLD FORMAT:	CHANGE TO:
C-19	Section 11	Second dot point had an *	Delete * from second dot point. Insert * after third dot point
C-58	Section 13	Second dot point: <ul style="list-style-type: none">• Taste alterations	<ul style="list-style-type: none">• Complains about taste of many foods Delete: Taste alterations
C-68	Section M	Fifth dot point under <i>Moderate/severely im-paired</i> decision-making ability	Move to become the only dot point under <i>Comprehension/Communication</i> <i>problems</i>
C-76	Section II	At end of first sentence the word (risk) is there	Delete (risk) from the end of first sentence
C-79	Section II	Second paragraph, PSYCHOTROPIC TRIGGER A	Delete the words, PSYCHOTROPIC TRIGGER A
C-84	Section III	First paragraph under Clarifying Information if Cognitive/Behavior Impairment Present	Combine first two paragraphs under that heading